

OFFICE OF SPACE SCIENCE
STANDARD FORMS FOR PROPOSERS RESPONDING TO NASA RESEARCH
ANNOUNCEMENTS

PROPOSAL FORMS KIT

1. PROPOSAL COVER PAGE
 - This form requires PI and institutional signatures
2. ABSTRACT FORM
3. SUMMARY BUDGET FORM and instructions for breakout
4. YEARLY BUDGET FORM
5. CURRENT AND PENDING FEDERAL SUPPORT FORM
6. CERTIFICATION FOR DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITIES
 - This form requires institutional signature.
7. CERTIFICATION REGARDING LOBBYING (IF > \$100,000)
 - This form requires institutional signature.
8. EDUCATION/PUBLIC OUTREACH PROPOSAL COVER PAGE

OSS PROPOSAL COVER PAGE

NRA	NRA
Program:	

Principal Investigator			
<i>Title</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Department			
Company/Institution			
Street Address		City/Town	
State	Zip/Postal	Country	
Telephone	Fax	E-Mail Address	
Principal Investigator's Signature			Date

Proposal Title

Co-Investigator(s) Name	Institution	E-mail

Institutional Endorsement

Name of Authorizing Official	
Title	
Institution	
Signature	Date

Budget Summary				
	Year 1	Year 2	Year 3	Total Funding
Amount Requested				

ABSTRACT

Principal Investigator			
<i>Title</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
Proposal Title			

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SUMMARY BUDGET

FROM: _____ to _____

TITLE OF INVESTIGATION:

PRINCIPAL INVESTIGATOR / INSTITUTION:

		<u>NASA USE ONLY</u>	
	A	B	C
1. Direct Labor (salaries, wages, and fringe benefits)	_____	_____	_____
2. Other Direct Costs:			
a. Subcontracts	_____	_____	_____
b. Consultants	_____	_____	_____
c. Equipment	_____	_____	_____
d. Supplies	_____	_____	_____
e. Travel	_____	_____	_____
f. Other	_____	_____	_____
3. Indirect Costs	_____	_____	_____
4. Other Applicable Costs			
a. Education/Public Outreach	_____	_____	_____
b. Other	_____	_____	_____
5. Subtotal--Estimated Costs	_____	_____	_____
6. Less Proposed Cost Sharing	_____	_____	_____
7. Carryover Funds (if any)			
a. Anticipated amount	_____	_____	_____
b. Amount used to reduce budget	_____	_____	_____
8. Total Estimated Costs	_____	_____	XXXXXX
APPROVED BUDGET	XXXXXXXX	XXXXXXXX	_____

Instructions

1. Provide a separate Budget Summary sheet for each year of the proposal research.
2. Grantee estimated costs should be entered in Column A. Columns B and C are for NASA use only. Column C represents the approved grant budget.
3. Provide in attachments to the budget summary the detailed computations of estimates in each category, along with any narrative explanation required to fully explain proposed costs. ----- ADDITIONAL INSTRUCTIONS ON FOLLOWING PAGE -----

INSTRUCTIONS FOR BUDGET SUMMARY

1. **Direct Labor (salaries, wages, and fringe benefits):** Attachments should list the number and titles of personnel, amounts of time to be devoted to the grant, and rates of pay.
2. **Other Direct Costs:**
 - a. **Subcontracts:** Attachments should describe the work to be subcontracted, estimated amount, recipient (if known), and the reason for subcontracting.
 - b. **Consultants:** Identify consultants to be used, why they are necessary, the time they will spend on the project, and rates of pay (not to exceed the equivalent of the daily rate for Level IV of the Executive Schedule, exclusive of expenses and indirect costs).
 - c. **Equipment:** List separately. Explain the need for items costing more than \$5,000. Describe basis for estimated cost. General purpose equipment is not allowable as a direct cost unless specifically approved by the NASA Grant Officer. Any equipment purchase requested to be made as a direct charge under this award must include the equipment description, how it will be used in the conduct of the basic research proposed and why it cannot be purchased with indirect funds.
 - d. **Supplies:** Provide general categories of needed supplies, the method of acquisition, and the estimated cost.
 - e. **Travel:** Describe the purpose of the proposed travel in relation to the grant and provide the basis of estimate, including information on destination and number of travelers where known.
 - f. **Other:** Enter the total of direct costs not covered by 2a through 2e. Attach an itemized list explaining the need for each item and the basis for the estimate.
3. **Facilities and Administrative (F&A) Costs:** Identify F&A cost rate(s) and base(s) as approved by the cognizant Federal agency, including the effective period of the rate. Provide the name, address, and telephone number of the Federal agency official having cognizance. If unapproved rates are used, explain why, and include the computational basis for the indirect expense pool and corresponding allocation base for each rate.
4. **Other Applicable Costs:** Enter total explaining the need for each item.
5. **Subtotal-Estimated Costs:** Enter the sum of items 1 through 4.
6. **Less Proposed Cost Sharing (if any):** Enter any amount proposed. If cost sharing is based on specific cost items, identify each item and amount in an attachment.
7. **Carryover Funds (if any):** Enter the dollar amount of any funds expected to be available for carryover from the prior budget period. Identify how the funds will be used if they are not used to reduce the budget. NASA officials will decide whether to use all or part of the anticipated carryover to reduce the budget (not applicable to 2nd-year and subsequent-year budgets submitted for award of a multiple year award).
8. **Total Estimated Costs:** Enter the total after subtracting items 6 and 7b from item 5.

YEARLY BUDGET

FROM: _____ **to** _____

TITLE OF INVESTIGATION:

PRINCIPAL INVESTIGATOR/ INSTITUTION:

		(NASA USE ONLY)	
	A	B	C
1. Direct Labor (salaries, wages, and fringe benefits)	_____	_____	_____
2. Other Direct Costs:			
a. Subcontracts/grants	_____	_____	_____
b. Consultants	_____	_____	_____
c. Equipment	_____	_____	_____
d. Supplies	_____	_____	_____
e. Travel	_____	_____	_____
f. Other	_____	_____	_____
3. Indirect Costs	_____	_____	_____
4. Other Applicable Costs	_____	_____	_____
5. Subtotal--Estimated Costs	_____	_____	_____
6. Less Proposed Cost Sharing	_____	_____	_____
7. Carryover Funds (if any)			
a. Anticipated amount	_____	_____	_____
b. Amount used to reduce budget	_____	_____	_____
8. Total Estimated Costs	_____	_____	XXXXXX
APPROVED BUDGET	XXXXXXXXXX	XXXXXX	_____

**CURRENT AND PENDING RESEARCH SUPPORT FROM ALL OTHER
FEDERAL SOURCES**

Include all current research support for all other sources. Also include the proposed project and all other research requiring a part of the PI's time. State the number of person months regardless of the source of the support.

Name of Principal Investigator _____

A. Current Support

1. Source of Support _____
2. Project Title _____
3. Award Amount _____
4. Period of Award _____
5. Person-Months _____

B. Pending Proposals (including supplement applications)

1. Source of Support _____
2. Project Title _____
3. Award Amount _____
4. Period of Award _____
5. Person-Months _____

Other Agencies to which this proposal, or parts thereof, has been submitted:

Duplicate this page as many times as needed to provide a complete list.

**Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 14 CFR Part 1265.

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

PR/Award Number or Proposal Name

Name and Title of Authorized Representative

Signature

Date

Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000, and not more than \$100,000 for each such failure.

Organization Name

PR/Award Number or Proposal Name

Name and Title of Authorized Representative

Signature

Date

EDUCATION/PUBLIC OUTREACH (E/PO) PROPOSAL COVER PAGE

NRA ID:	NRA Title
Parent Research Proposal	

Principal Investigator (Title and Name)		
Department		
Company/Institution		
Street Address		City/Town
State	Zip/Postal	Country
Telephone	Fax	E-Mail
Address		
Principal Investigator's Signature		Date

E/PO Proposal Title

Co-Investigator(s) Name	Institution	E-mail
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Institutional Endorsement

Name of Authorizing Official	
Title	
Institution	
Signature	Date

Budget Summary

	Year 1	Year 2	Year 3	Total Funding
Amount Requested				